

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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(Only for new nonprovisional applications under 37 CFR 1.53(b))

First Named Inventor John Josef Hench, et al.

Title: METHOD AND APPARATUS FOR IMPAIRMENT DIAGNOSIS IN COMMUNICATION SYSTEMS

Express Mail Label No. EL672753267US

ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D. C. 20231
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APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. X **Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original, and a duplicate for fee processing)
2. **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3. X **Specification (Total Pages 76)**
(preferred arrangement set forth below)
- Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table,
 or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. X **Drawings(s) (35 USC 113) (Total Sheets 17)**
5. X **Oath or Declaration (Total Pages 6)**
- a. Newly Executed (Original or Copy)
 - b. Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 17 completed)
 - i. DELETIONS OF INVENTOR(S) Signed statement attached deleting
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2)
and 1.33(b).
 - c. X Unsigned.
6. **Application Data Sheet. (37 CFR 1.76)**
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ **Assignment Papers (cover sheet & documents(s))**
10. ☐ a. Separate 37 CFR 3.73(b) Statement (where there is an assignee)
10. ☒ b. Power of Attorney (Unexecuted)
11. ☐ English Translation Document (if applicable)
12. ☐ a. Information Disclosure Statement (IDS)/PTO-1449
12. ☐ b. Copies of IDS Citations
13. ☐ **Preliminary Amendment**
14. ☒ **Return Receipt Postcard (MPEP 503) (Should be specifically itemized)**
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Copy of Postcard w/Express Mail Stamp.

18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
Of Prior Application No.: _____ Examiner _____ Group Art Unit _____

(which is a ☐ continuation/ ☐ divisional/ ☐ CIP of prior application no. _____,
which is a ☐ continuation/ ☐ divisional/ ☐ CIP of prior application no. _____) (List entire chain of priority)

For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18B. Statement under 37 CFR 3.73(b) for continuing application:

The undersigned states that _____ (name of assignee) is
the assignee of the entire right, title, and interest in the accompanying patent application by virtue of an
assignment recorded in the Patent and Trademark Office at Reel. No. _____ Frame No. _____
(or a copy of which is attached).

19. Correspondence Address

☐ Customer Number or Bar Code Label _____
or _____ (Insert Customer No. or Attach Bar Code Label here)

☒ Correspondence Address Below

NAME Sanjeet K. Dutta

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

ADDRESS 12400 Wilshire Boulevard

Seventh Floor

CITY Los Angeles STATE California ZIP CODE 90025-1026

Country U.S.A. TELEPHONE (408) 720-8300 FAX (408) 720-9397

Name (PRINT/TYPE): Sanjeet K. Dutta Registration No.: 46,145

Signature: Sanjeet Date: 11/10/2000

FEE TRANSMITTAL FOR FY 2001**TOTAL AMOUNT OF PAYMENT (\$)** \$710.00**Complete if Known:****Application No.** Not Assigned**Filing Date** Herewith**First Named Inventor** John Josef Hench, et al.**Group Art Unit** Not Assigned**Examiner Name** Not Assigned**Attorney Docket No.** 001340.P081**METHOD OF PAYMENT (check one)**

1. ☒ **The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:**

Deposit Account Number 02-2666**Deposit Account Name** _____☐ **Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17**☐ **Applicant claims small entity status. See 37 CFR 1.27**

2. ☒ **Payment Enclosed:** ☒ **Check**
☐ **Credit Card**
☐ **Money Order**
☐ **Other**

FEE CALCULATION**1. BASIC FILING FEE**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>		
101	710	201	355	Utility application filing fee	<u>710.00</u>
106	320	206	160	Design application filing fee	_____
107	490	207	245	Plant filing fee	_____
108	710	208	355	Reissue filing fee	_____
114	150	214	75	Provisional application filing fee	_____

SUBTOTAL (1) \$ 710.00**2. EXTRA CLAIM FEES**

			<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims	<u>1</u>	- 20** =	<u>0</u>	X _____	= _____
Independent Claims	<u>1</u>	- 3** =	<u>0</u>	X _____	= _____
Multiple Dependent				_____	= _____

****Or number previously paid, if greater; For Reissues, see below.**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0

FEE CALCULATION (continued)

3. ADDITIONAL FEES

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>		
105	130	205	65	Surcharge - late filing fee or oath	_____
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	_____
139	130	139	130	Non-English specification	_____
147	2,520	147	2,520	For filing a request for ex parte reexamination	_____
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	_____
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	_____
115	110	215	55	Extension for reply within first month	_____
116	390	216	195	Extension for reply within second month	_____
117	890	217	445	Extension for reply within third month	_____
118	1,390	218	695	Extension for reply within fourth month	_____
128	1,890	228	945	Extension for reply within fifth month	_____
119	310	219	155	Notice of Appeal	_____
120	310	220	155	Filing a brief in support of an appeal	_____
121	270	221	135	Request for oral hearing	_____
138	1,510	138	1,510	Petition to institute a public use proceeding	_____
140	110	240	55	Petition to revive - unavoidable	_____
141	1,240	241	620	Petition to revive - unintentional	_____
142	1,240	242	620	Utility issue fee (or reissue)	_____
143	440	243	220	Design issue fee	_____
144	600	244	300	Plant issue fee	_____
122	130	122	130	Petitions to the Commissioner	_____
123	130	123	130	Petitions related to provisional applications	_____
126	180	126	180	Submission of Information Disclosure Stmt	_____
581	40	581	40	Recording each patent assignment per property (times number of properties)	_____
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	_____
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	_____
179	710	279	355	Request for Continued Examination (RCE)	_____
169	900	169	900	Request for expedited examination of a design application	_____
Other fee (specify) _____					_____
Other fee (specify) _____					_____

SUBTOTAL (3) \$ 0

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Sanjeet K Dutta
 Signature: Sanjeet Dutta Date: 11/10/2000
 Reg. Number: 46,145 Telephone Number: _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

EXPRESS MAIL CERTIFICATE OF MAILING

"Express Mail" mailing label number: EL672753267US

Date of Deposit: November 10, 2000

I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and that this paper or fee has been addressed to the Assistant Commissioner for Patents, Washington, D. C. 20231

Geneva Walls

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

November 10, 2000

(Date signed)

Serial/Patent No.: *** Filing/Issue Date: Herewith

Client: Voyan Technology

Title: METHOD AND APPARATUS FOR IMPAIRMENT DIAGNOSIS IN COMMUNICATION SYSTEMS

BSTZ File No.: 001340.P081 Atty/Secty Initials: SKD/gw

Date Mailed: November 10, 2000 Docket Due Date: ***

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

<input type="checkbox"/> Amendment/Response (____ pgs.)	<input checked="" type="checkbox"/> Express Mail No.: <u>EL672753267US</u>	<input checked="" type="checkbox"/> Check No. <u>38884</u>
<input type="checkbox"/> Appeal Brief (____ pgs.) (in triplicate)	<input type="checkbox"/> _____ Month(s) Extension of Time	Amt: <u>\$710.00</u>
<input checked="" type="checkbox"/> Application - Utility (<u>76</u> pgs., with cover and abstract)	<input type="checkbox"/> Information Disclosure Statement & PTO 449 (____ pgs.)	<input type="checkbox"/> Check No. _____
<input type="checkbox"/> Application - Rule 1.53(b) Continuation (____ pgs.)	<input type="checkbox"/> Issue Fee Transmittal	Amt: _____
<input type="checkbox"/> Application - Rule 1.53(b) Divisional (____ pgs.)	<input type="checkbox"/> Notice of Appeal	
<input type="checkbox"/> Application - Rule 1.53(b) CIP (____ pgs.)	<input type="checkbox"/> Petition for Extension of Time	
<input type="checkbox"/> Application - Rule 1.53(d) CPA Transmittal (____ pgs.)	<input type="checkbox"/> Petition for _____	
<input type="checkbox"/> Application - Design (____ pgs.)	<input checked="" type="checkbox"/> Postcard	
<input type="checkbox"/> Application - PCT (____ pgs.)	<input type="checkbox"/> Power of Attorney (____ pgs.)	
<input type="checkbox"/> Application - Provisional (____ pgs.)	<input type="checkbox"/> Preliminary Amendment (____ pgs.)	
<input type="checkbox"/> Assignment and Cover Sheet	<input type="checkbox"/> Reply Brief (____ pgs.)	
<input checked="" type="checkbox"/> Certificate of Mailing (Express Mail)	<input type="checkbox"/> Response to Notice of Missing Parts	
<input checked="" type="checkbox"/> Declaration & POA (<u>6</u> pgs.) (Unexecuted)	<input type="checkbox"/> Small Entity Declaration for Indep. Inventor/Small Business	
<input type="checkbox"/> Disclosure Docs & Orig & Copy of Inventions Signed Later (____ pgs.)	<input checked="" type="checkbox"/> Transmittal Letter, in duplicate	
<input checked="" type="checkbox"/> Drawings: <u>17</u> # of sheets includes <u>19</u> figures	<input checked="" type="checkbox"/> Fee Transmittal, in duplicate	

☒ Other: Copy of Postcard w/Express Mail Stamp.